

**FILED**

Case 1:08-cv-02600

Document 8

Filed 05/13/2008

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**MAY 13, 2008**

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

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MAY 13 2008 *aw*

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MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**TD**

Benny L. Willis

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

**08CV2600**

**JUDGE LEFKOW**

**MAG. JUDGE MASON**

vs.

Case No.

(To be supplied by the Clerk of this Court)

Will County Sheriff  
Department, Sheriff  
"Paul J. Kaupas" et al  
Correct Care Solutions  
"Dr. Kulbir Seed"

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)



COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)



OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: Benny Willis L.
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: County No. 2007-000781 I.D. No. 13578
- D. Place of present confinement: Will County Adult Detention Center
- E. Address: 95 S. Chicago St. Joliet IL 60436

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Will County Sheriff Department  
 Title: Sheriff "Paul J. Kaupas"  
 Place of Employment: Will County Adult Detention Center
- B. Defendant: Correct Care Solutions  
 Title: Employer of "Dr. Kulbir Sood"  
 Place of Employment: Will County Adult Detention Center
- C. Defendant: "Dr. Kulbir Sood"  
 Title: Physician  
 Place of Employment: Will County Adult Detention Center

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. List all defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: \_\_\_\_\_  
\_\_\_\_\_
- G. Basic claim made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

**IV. Statement of Claim:**

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On "Aug. 23, 07", I Benny L. Willis, was arrested and brought here "Will County Jail". Upon my arrival I was interviewed by a nurse in booking, who asked me several question. One particular question was, have I ever thought about committing suicide? My answer was yes! That answer got me put on suicide watch and placed in medical until, I had a psych-evaluation to determine my mental state of mind. During the course of being on suicide watch and seeing the psych-doctor, I was given a procedural physical examination by the physician "Dr. Sood", who told the nurse to take the splint I had on my left index finger, stating: it (my finger) would heal up just fine without it (the splint). The day I had my psych-evaluation, I spoke briefly with "Dr. Sood", about giving me another splint, he said I didn't need another one just keep having the nurses tape my middle finger to my index finger which will

give my index finger the support needed to heal up properly. Having "chronic eczema" requires me to see the doctor on a regular basis to have my creme renewed. During my "October" visit to "Dr. Sood", office I spoke with him about my finger which had healed up in a half straight position. He told me not to worry that it takes time for a finger to thoroughly heal up. In "Dec. 07", he "Dr. Sood", told me to roll a pencil on the surface of my finger that might help restore regular movement to my finger. That was the last time I spoke with "Dr. Sood", face to face. The last person he spoke with concerning my finger is "Barber Miller", who said she could get me a job washing dishes in warm water that might help my finger. Had "Dr. Sood", not taken my splint my finger would have healed up right. Being that he wasn't professional enough to try to right his wrong i'm filing this suit. I mean, it's one thing to make a minor mistake that ~~doesn't~~ scar a person for life. But, when you make a mistake that affects a person physically, mentally and psychologically, yet you refuse to make a mends to that person. You have no regards for others well being.

## V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Please allow me to see a doctor of your choice, one who can substantiate my claim. As well as, adjust my finger so that I can use it properly again. Also, I seek compensation for the punitive damages I'm presently suffering, emotionally, physically and psychologically. Punitive \$250,000, Medical \$250,000

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

## CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 29 day of April, 2008

Benny L. Willis

(Signature of plaintiff or plaintiffs)

Benny L. Willis

(Print name)

2007-0007811

(I.D. Number)

Will County Adult Detention Center

95 South Chicago St.

Joliet IL 60436

(Address)